

STATEMENT OF WORK (SOW)

PART-TIME MISSION PANDEMIC FLU AND DISASTER READINESS COORDINATOR

1.0 Introduction

The purpose for this SOW is to acquire a part-time Mission Pandemic Flu and Disaster Readiness Coordinator to coordinate and document Pandemic Flu and Disaster Readiness issues for USAID/Malawi. S/he will be the principle coordinator for Mission matters relating to Pandemic Flu and Disaster readiness. Working under the guidance and supervision of the Health Team Leader; the Coordinator will also be working closely with the Sustainable Economic Growth Team Leader. The Pandemic Flu coordinator will attend meetings and conferences on behalf of USAID, act as the Mission's principal contact for AI and Pandemic Flu information and communications, liaison and coordinated AI and Pandemic Flu activities with other USG agencies, US Embassy, GOM, FAO, WHO, World Bank, donors and implementing partners. S/he will prepare a series of weekly reports on AI and Pandemic Flu and other disasters in Malawi, the response of the Government of Malawi (GOM), USAID and other donors, and will prepare a final report at the end of the twelve months consultancy period.

2.0 Background

Influenza A virus subtype H5N1 was first identified in Hong Kong in 1997 where it infected at least 18 people with six fatalities. After rapid and comprehensive containment measures were introduced, the virus was not detected again in Asia until 2003. Since then, H5N1 has reemerged in Asia and has rapidly spread to Eurasia, Europe, the Near East, and Africa over the past six months. In total, the virus has caused over 4,000 animal outbreaks in more than 20 countries (resulting in the death of over 150 million birds) and infected 177 people (with 98 deaths) as of March 13, 2006. Beyond the current animal and human cases, the continued evolution of the H5N1 virus has created alarm as it appears it could be on a path to becoming a pandemic virus for humans. In response, many countries, international organizations, and donors- including USAID - have begun to develop or expand programs to contain the H5N1 virus in domestic poultry populations in order to limit its economic damage, and decrease the risk of a potential human influenza pandemic.

Since initiating activities which focused on H5N1 Avian Influenza, the world has suffered outbreaks in H1N1 Influenza, known as swine flu and Pandemic Flu, which is virulent human flu. In April 2009, Novel Influenza A (H1N1) was detected in Mexico, US and other countries. The virus is infecting people and is spreading from person-to-person. To date there have been 4,298 cases reported and three deaths. As yet, there have been no cases reported in Malawi.

There is worry that both the Avian Flu and Swine Flu will turn into Pandemic Flu causing a global outbreak of a virulent human flu.

In addition, Malawi has a very vulnerable population to natural and man-made disasters, including floods, drought, cholera outbreaks and high rates of HIV/AIDS. In the last eight years

Malawi has had 2 major famines due to droughts, annual flooding and numerous outbreaks of cholera.

USAID's overarching goal for Pandemic Influenza is to successfully contain the H5N1 and H1N1 viruses within the animal population over the next 12-24 months. The Avian and Human Pandemic Influenza Strategic Guidelines presented in this document have been developed to help USAID missions and regional bureaus effectively program avian influenza (AI) funds in a consistent manner to achieve two broad objectives:

- (1) Strengthen capacities to rapidly detect and respond to the current AI problem in animals and humans; and
- (2) Begin preparing for a possible human influenza pandemic.

The activities described represent the full range of issues that should be addressed in response to the disease situation in a given country, not solely those that would be appropriate for USAID or USG support. USAID Missions can play a key role in working with the host government and in-country partners to identify and address shortcomings in each of these areas, and this guidance is intended to help missions identify gaps and program assistance effectively.

Several overarching principles guide USAID's approach to preventing and containing the spread of Pandemic Flu. These include:

- USAID efforts will be harmonized with the technical recommendations of international organizations such as FAO, OIE, and WHO;
- USAID will use existing platforms, where available, to minimize delays in implementing programs;
- USAID will focus on prevention and control of Pandemic influenza in both animals and humans.

It is critical that missions work closely with UN organizations including WHO and FAO, other donors, and non-governmental organizations in-country to maximize coordination and avoid duplication. In some cases, USAID's implementing partners, especially those at the community level, may be key partners in conducting supporting activities. USAID assistance to national governments may include developing proposals for seeking funding from other donors.

USAID also plays a central role in supporting operational coordination for the USG's international emergency response to Avian Influenza, and in countries where there is a convergence of presence from several different USG agencies, close coordination and recognition of comparative advantages will be essential in ensuring successful U.S. assistance. The Department of State has led the drafting of an implementation plan that will be issued in conjunction with the President's National Strategy on Pandemic Influenza. When it becomes available, this document will include a chapter on the implementation of international assistance, outlining the roles and responsibilities of implementing agencies.

It is also clear that the pandemic Flu viruses cannot be contained by political boundaries, and missions are encouraged to consider, in addition to in-country responses, cross-boarder and

regional issues and neighboring non-presence countries. Regional platforms should be utilized and enhanced and cross-border coordination should be supported at every opportunity. The International Partnership on Avian and Pandemic Influenza announced by President Bush in 2005 provides a framework for ensuring a comprehensive and well-coordinated international response together with key nations and international organizations by:

- Elevating the issue on national agendas
- Coordinating efforts among donor and affected nations
- Mobilizing and leveraging resources
- Increasing transparency in disease reporting and surveillance
- Building capacity to identify, contain, and respond to a pandemic influenza

The activities recommended in these Guidelines are designed to either address varying disease situations in affected countries (measured by “pandemic phase”; see below) or, for currently- unaffected countries, prepare them for H5N1 as well as H1N1 importation (based on risk of outbreaks). While H5N1 is the current avian influenza threat, the Guidelines are written generically so that they would apply to any highly-pathogenic avian influenza (HPAI) virus that poses a significant threat to both human and animal health because of high mortality.

These Guidelines are divided into six phases¹ which are based on the current level of pandemic threat individual countries are facing. Phase 1 is dedicated to planning and preparedness, while phases 2 and 3 are mostly focused on monitoring and controlling the disease in bird populations since this is an appropriate approach to limit economic damage, prevent human infections, and decrease opportunities for Pandemic Flu viruses to evolve into forms that are better adapted to humans. In phases 4 through 6, the primary focus becomes monitoring and controlling Pandemic Flu (or pandemic) virus in human populations.

Within each phase, specific activities for USAID support are recommended under the following program areas: (1) preparedness and planning; (2) surveillance; (3) response; and (4) communications. In general, the recommended activities will help countries to respond to the current disease situation, while also preparing them for the next phase. In some cases, the recommended activities may build on or complement efforts to address other infectious diseases such as SARS.

Since the disease situation and donor support in individual countries and regions can change quickly, it is important for USAID operating units to be able to recognize these changes and adjust programming rapidly and appropriately. Likewise, it is anticipated that these Guidelines and associated documents may need to be updated periodically as the disease situation changes and new or improved interventions become available. As soon as they are available, new updates of the Guidelines and supporting documents will be shared with missions and regional bureaus.

3.0 Objective/Scope of Work

¹ These six phases correspond with those outlined in “World Health Organization Global Influenza Preparedness Plan”, 2005 (see http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5.pdf). See Annex 1 for a summary of the six phases.

The contractor will be responsible for the mission's representation at AI, Influenza A (H1N1) and any other Disaster readiness related meeting and conferences; all AI and Influenza A (H1N1) related communications with USAID/Washington, US Embassy, other USG agencies, GOM, FAO, WHO, the donor community, World Bank, NGOs and implementing partners; gather up-to-date information on AI and Influenza A (H1N1) disaster readiness and relay the information to appropriate person (s), assist CTOs with Pandemic Flu activities and reporting requirements and any other task related to Pandemic Flu and disaster readiness that might required.

USAID/Malawi anticipates approximately 2 days per week level of effort but not to exceed 100 LOE days.

4.0 Deliverables

The contractor must deliver a written weekly report to the HPN Team Leader on AI and Pandemic Flu activities undertaken by the contractor doing that week; due no more than two working days after the Friday of the reporting week. The Contractor will consult, when necessary, with Mission staff in Health and Sustainable Economic Growth Teams, the Executive Office, the Financial Management Office, and the Mission Director. A final report synthesizing the content of the weekly reports, plus lessons to be learned from Pandemic Flu and Disaster readiness in Malawi and the responses of the GOM and donors to it, shall be completed and delivered to USAID/Malawi no later than 30 days from the end of the purchase order term. A draft final report will be prepared by the consultant not later than 15 calendar days from the end of the purchase order term, to enable the USAID/Malawi Mission to review and comment prior to the preparation of the final report.

5.0 Logistics

The contractor will perform work at USAID/Malawi offices in the NICO Building, City Center, Lilongwe. Mission will provide appropriate office space, including access to the Mission computer network, telephones, fax and photocopier and any other necessary equipment. Mission motor pool vehicles will be available for meetings and conferences within Lilongwe, field travel on request, (and as available), for after-hours and weekend work related usage.

6.0 Qualifications and Experience

a. Education:

The contractor must have a minimum of Bachelors degree in International Development, Economics, Social studies, Agriculture, Health or Public administration, or other directly related fields. A Master degree is preferred but not essential.

b. Prior Work Experience:

The contractor must demonstrate that s/he is able to become familiar quickly with USAID and Government of Malawi on AI Influenza A (H1N1) action plans as well as any other disaster preparedness activities. S/he must have a broad range of past experience working as a coordinator and organizer of complex issues and activities. S/he must have demonstrated experience in writing reports and written communications that are concise, thorough, balanced and well organized, conveying all information necessary to support conclusions, and well-written in style appropriate to the audience. Knowledge of USAID policies and procedures are helpful but not required.

c. Language Proficiency:

Fluency in English is required (FSL level 4 Speaking, Reading and Writing).

d. Required skills and ability:

- i. Well developed interpersonal skills with demonstrated capacity and ability to effectively work in a team framework.
- ii. Strong analytical, oral, and written communication skills and a demonstrated ability to meet deadlines.
- iii. Demonstrated ability to work collaboratively with Mission staff at all levels.
- iv. High degree of independence, initiative, and resourcefulness in planning, designing, and carrying out responsibilities and duties.
- v. Desktop publishing skills and Microsoft Excel.
- vi. Organizational skills in time management, record keeping and communications.